2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2008 8:00 am
Secretary of State
04-18-2008 90025 019 ****61.25

DOCUMENT # 714540

1. Entity Name
THE ORLEANS APARTMENTS CONDOMINIUM, INC. (A CONDOMINIUM ASSOCIATION)

66011070

02182008 Chg-NP CR2E037 (12/06)

Principal Place of Business	Mailing Address
~~PROGRESSIVE COMMUNITY MGMT, INC~~ ~~1801 GLENGARY STREET~~ ~~SARASOTA, FL 34231-0603~~ Management Services of Venice	~~PROGRESSIVE COMMUNITY MGMT, INC~~ ~~1801 GLENGARY STREET~~ ~~SARASOTA, FL 34231-0603~~ Management Services of Venice
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
530 US Hwy 41 Bypass South	P.O. Box 595
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 18B	
City & State	City & State
Venice FL	Venice, FL
Zip / Country	Zip / Country
34292 / Sarasota	34284 / Sarasota

4. FEI Number 59-1299084 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MANAGEMENT SERVICES OF VENICE
~~P.O BOX 595~~ 530 US Hwy 41 Bypass So.
VENICE, FL 34284 Suite 18B
34292

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Cynthia O'Grady Asst Sec. 2/20/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HILDEBRANDT, DEBORAH 950 TARPON CENTER DRIVE #502 VENICE, FL 34285	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BUTRYM, JUDITH 950 TARPON CENTER DR, #407 VENICE, FL 34285	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD REYNOLDS, THOMAS 950 TARPONS CENTER DRIVE UNIT 301 VENICE, FL 34285	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS MARKEL, JIM 1801 GLENGARY STREET SARASOTA, FL 34231	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP VPD Eileen Demiabbel 950 Tarpon CTR Drive - UNIT # 505 Venice, FL 34285	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VAN ARSDALEN, KEN E 950 TARPON CENTER DR #507 VENICE, FL 34285	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT SUTTON, WILLIAM 1801 GLENGARY STREET SARASOTA, FL 34231	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia O'Grady Asst Sec. 941-412-1666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #